



Purchase Voucher

Agency: 529
TEXAS HEALTH AND HUMAN SERVICES COMMISSION

Voucher Number : 01102741

Payee Name / Address:

TEXAS PREGNANCY CARE NETWORK
1101 S CAPITAL OF TEXAS HWY
STE K250
WEST LAKE HILLS, TX 78730-5115

USAS Doc Number :

TCode : AP-225-STD

Origin : ONL

Payee ID/Check/Mail : 1760802397/8/000

Freight Amount: \$0.00
Gross Amount (includes Frt.): \$762,500.00
Discount Amt Taken: \$0.00
Payment Amount: **\$762,500.00**

FOLD HERE

| Line | PO ID | PCC | RTI | Invoice ID | Invoice Description | AMOUNT | | | |
|-------------------|------------|-------------|------|----------------------------|--------------------------------|--------------|---------------------|-----------|--------------|
| 1 | 0000091754 | S | | TPCN 12.11 | ALTERNATIVES TO ABORTION TEXAS | \$762,500.00 | | | |
| <u>ShipTo ID</u> | | | | <u>Non-HHSAS Cntrct ID</u> | | | | | |
| 2010 | | | | | | | | | |
| <u>Contract #</u> | | | | <u>Wkfc</u> | <u>Org PmtDt</u> | <u>IC</u> | | | |
| 529-16-0004-00001 | | | | N | | | | | |
| | | | | <u>RC</u> | | | | | |
| | | | | Invoice DT: 06/22/16 | Req'd Pay DT: | | | | |
| | | | | Inv Recv'd DT: 06/20/16 | Pay Due DT: 07/30/16 | | | | |
| | | | | Service DT: 06/30/16 | P O DT: | | | | |
| | Account | Entry Event | Fund | Dept. | Program | Class | Budget Ref | Pri/Grant | Amount |
| 1.1 | 725300 | | 0001 | 716 | 5016 | 03138 | 2016 | TANF100F | \$762,500.00 |
| Open Item Key: | | | | | Conf:N | | Certified Amt: 0.00 | | |

Descriptive Legal Text (DLT Comments):

DOS: 06/2016

I approved this voucher for payment. The above goods or services correspond in every particular with the contract under which they were purchased. The invoice for the goods or services is correct. The payment complies with the General Appropriations Act.

JUL 26 2016

06/23/2016

Approved By

Approver Phone(Area+Number)

Date Approved

Date Entered into HHSAS

Gonzalez, Maria Gina (ONL UID)

Approved By

Approver Phone(Area+Number)

Date Approved

Entered By

Contact Name

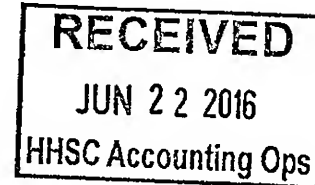
Contact Phone(Area+Number)

01102741

Contract Vendor Invoice Payment Request



HHSC Office of Social Services
Community Access & Services



Alternatives to Abortion-Texas Pregnancy
Care Network

The attached invoice is approved for payment.

| | |
|------------------------|------------------------------|
| Invoice Date: | 6/22/16 |
| Invoice Number: | TPCN 12.11 |
| Dept. ID/Speedchart: | 716 |
| Object Code: | 725300 |
| Contract Number: | 529-16-0004-000001 |
| Contract Name: | Texas Pregnancy Care Network |
| TIN: | 1760802397 |
| Mail Code: | |
| Purchase Order Number: | 52900-6-0000091754 |
| Month of Service: | July 2016 |
| Amount: | \$ 762,500.00 |
| Month of Service: | |
| Amount: | |
| Month of Service: | |
| Amount: | |

| | |
|---------------------------|----------------|
| Invoice Received Date: | 6/20/16 |
| Payment Due On or Before: | August 1, 2016 |

| | |
|---------------|--------------|
| Total Amount: | \$762,500.00 |
|---------------|--------------|

| CONTACT | | DATE |
|-------------------|----------------|-----------|
| Preparer's Name: | Andrea Costley | 6/22/2016 |
| Preparer's Phone: | 512-206-5624 | |

| FINANCIAL MANAGER | | DATE |
|-------------------|-----------|-----------|
| Beth Zahn | BETH ZAHN | 6/27/2016 |

| SIGN-OFF | | DATE |
|--------------------------------------|--|---------|
| Agency Contact/Preparer's Signature: | | 6/22/16 |

mo 6/23/16



Texas Pregnancy Care Network (TPCN)

INVOICE

Billing Office:

Texas Pregnancy Care Network (TPCN)
1101 S. Capital of Texas Highway
Building K, Suite 250
Austin, TX 78746

Billing Address:

Andrea Costley
Texas Health and Human Services Commission
909 W. 45th Street
Building 555, MC 2010
Austin, TX 78751

Remittance Address:

Texas Pregnancy Care Network
1101 S. Capital of Texas Highway
Building K, Suite 250
Austin, TX 78746

Taxpayer ID No. 76-0802397

Amounts due may be remitted
by Electronic Funds

To: Business Bank of Texas, N.A.

1910 W. Braker Ln
Building 3, Suite 100
Austin, TX 78758

Routing No. 114925615

Account:

Texas Pregnancy Care Network
1005126

Invoice Number: TPCN-12.11

Invoice Date: June 20, 2016

Due Date: July 31, 2016

For Professional Services Rendered:

RE:

Contract Number: 529-16-0004

TPCN is submitting this invoice according to the terms of Section 1.06 of the Amended Agreement between TPCN and HHSC executed on or about May 24, 2016 (attached).

Payment 12.11: Project Admin; Statewide Information, Outreach, Education & Referral Programs & Services and Client Services

Due Date: July 31, 2016

\$762,500.00

Amount Due

\$762,500.00

1101 S CAPITAL OF TEXAS HIGHWAY BLDG K SUITE 250 AUSTIN, TEXAS 78746
TEL: 512-637-7011 • FAX: 512-637-7012 • WWW.TEXASPREGNANCY.ORG

UTC. Specifically, and without limitation, TPCN will perform in accordance with the specifications contained in Sections 1.16, and 2 of the RFP, this Section VII and TPCN's Proposal as modified and clarified.

VIII. BUDGET AND INVOICING

The total amount of this Contract will not exceed \$11,437,500 (\$2,287,500 in fiscal year 2016 and \$9,150,000 in fiscal year 2017). All expenditures on this Contract will be actual costs that derive from services provided and related expenses that are eligible for reimbursement under this Contract in accordance with federal and state laws; Code of Federal Regulations (C.F.R.) Title 2, Subtitle A, Chapter II-Part 200; TPCN's Budget, Budget Narrative/Budget Justification ("Budget Pages"), and Plan of Operations. TPCN will submit an invoice along with the Program Report to the Contract Representative identified in Section X, in a manner acceptable to HHSC, by the twentieth day after the last day of each month in which services were provided. Upon HHSC request, TPCN will provide any additional information to the degree of detail necessary to resolve any review, examination, inquiry or audit by HHSC or any other responsible authority.

If TPCN provides services under multiple contracts, it must maintain an accounting system that separates expenditures by contract to ensure appropriate expense allocation and contract billing (i.e. fund accounting). Payments of invoices by HHSC under this Contract will be made in accordance with Chapter 2251 of the Texas Government Code, using the following schedule:

| Payment No. | Description | Due Date | Amount |
|------------------|---|--------------------------|-------------------------|
| 12.10 | Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services | June 30, 2016 | \$762,500.00 |
| 12.11 | Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services | July 31, 2016 | \$762,500.00 |
| 12.12 | Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services | August 31, 2016 | \$762,500.00 |
| 13.1 | Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services | September 30, 2016 | \$762,500.00 |
| 13.2 | Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services | October 31, 2016 | \$762,500.00 |
| 13.3 | Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services | November 30, 2016 | \$762,500.00 |

Health & Human Services Commission

Purchase Order CHANGE ORDER

Dispatch via Print

| | | | |
|--|--|----------------------|---|
| Payment Terms Net 30 | Freight Terms FOB Dest. Prepaid & All | Ship Via BEST WAY | Purchase Order 52900-6-0000091754 |
| If advertised by informal bid, Invitation for Offer, or Request for Proposal; all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements. | | | Date 06/01/2016 |
| All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number. | | | Revision 1 - 06/07/2016 |
| | | | Page 1 |
| | | | Ship To: Community Service Administration HEALTH & HUMAN SERVICES COMMISSION 909 W 45th St PO Box 12668 Austin TX 78751 United States |

Vendor: 1760802397
TEXAS PREGNANCY CARE NETWORK
1101 S CAPITAL OF TEXAS HWY
STE K250
WEST LAKE HILLS TX 78730-5115

Bill To: Health & Human Services Commission
Mail Code: 3500
4900 N. Lamar Blvd, 5th Floor
Austin TX 78751
United States

Purchaser: Longoria, Melinda (PCS)

| Line-Sch | Inventory Item ID - Line Description | Class-Item | Quantity | UOM | PO Price | Extended Amt | Due Date |
|----------|---|------------|----------|-----|-----------------|--------------|------------|
| 1- 1 | Fulfill the terms of contract number 529-16-0004-00001 from dates 06/01/2016 through 08/31/2016 | 962-58 | 1.00 | LOT | 2,287,500.00000 | 2,287,500.00 | 06/08/2016 |

Schedule Total 2,287,500.00

Contract ID: 529-16-0004-00001

Contract Line: 0

Release: 1

Item Total for Line 1 2,287,500.00

Total PO Amount 2,287,500.00

No substitutions or cancellations are permitted without prior approval by Health & Human Services Commission. If contractor fails to deliver by promised delivery date (or reasonable time thereafter) or fails to meet requirements, Health & Human Services Commission reserves the right to purchase elsewhere and charge an increased cost and handling to contractor.

Overshipments will not be accepted unless authorized by Buyer prior to shipment. The dispute resolution process provided for in Chapter 2260 of the Texas Government Code must be used by the Health & Human Services Commission and Contractor to attempt to resolve all disputes arising under the contract.

06/01/2016 10:00AM